

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CREDO SUPERPAC			FEC IDENTIFICATION NUMBER ▼ C C00507517		
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name (Last, First, Middle Initial) of Payee Taylor Coots			Date M M / D D / Y Y Y Y Y Y 08 / 29 / 2012		
Mailing Address 2821 Greenup Rd			Amount 1000.00		
City Louisville		State KY	Zip Code 40217		
Purpose of Expenditure Payroll		Category/ Type 	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>NH</u> District: <u>01</u>		
Name of Federal Candidate Supported or Opposed by Expenditure: FRANK GUINTA			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 12235.03			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) 		
Full Name (Last, First, Middle Initial) of Payee Arielle Einstein			Date M M / D D / Y Y Y Y Y Y 08 / 29 / 2012		
Mailing Address 1425 Ardmoor			Amount 625.00		
City Bloomfield Hills		State MI	Zip Code 48301		
Purpose of Expenditure Payroll		Category/ Type 	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>NH</u> District: <u>01</u>		
Name of Federal Candidate Supported or Opposed by Expenditure: FRANK GUINTA			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 12860.03			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) 		
(a) SUBTOTAL of Itemized Independent Expenditures.....			1625.00		
(b) SUBTOTAL of Unitemized Independent Expenditures			 		
(c) TOTAL Independent Expenditures.....			 		
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">Becky Bond</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date M M / D D / Y Y Y Y Y Y 08 / 30 / 2012</p>					

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 2 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
CREDO SUPERPAC

FEC IDENTIFICATION NUMBER ▼

C C00507517

Check If ☒ 24-hour report ☐ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Vincent Greco

Date

MM / DD / YYYY
08 / 29 / 2012

Mailing Address 16 Harvey Road

Amount

625.00

City State Zip Code
Deerfield NH 03037

Transaction ID : SE.7160

Purpose of Expenditure
Payroll

Category/
Type

Office Sought: ☒ House State: NH
☐ Senate District: 01
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

FRANK GUINTA

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election
for Office Sought

13485.03

Disbursement For: ☒ Primary ☐ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Impact Dialing

Date

MM / DD / YYYY
08 / 29 / 2012

Mailing Address 3543 19th Street

Amount

625.00

City State Zip Code
San Francisco CA 94110

Transaction ID : SE.7161

Purpose of Expenditure
Phones

Category/
Type

Office Sought: ☒ House State: NH
☐ Senate District: 01
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

FRANK GUINTA

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election
for Office Sought

14110.03

Disbursement For: ☒ Primary ☐ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

1250.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Becky Bond

[Electronically Filed]

Date

MM / DD / YYYY
08 / 30 / 2012

Signature

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PAGE 3 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CREDO SUPERPAC			FEC IDENTIFICATION NUMBER ▼ C C00507517		
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name (Last, First, Middle Initial) of Payee Staples			Date 08 / 23 / 2012		
Mailing Address 500 Staples Drive			Amount 45.00		
City Framingham		State MA	Zip Code 01702		
Purpose of Expenditure Printing		Category/ Type 	Transaction ID : SE.7157		
Name of Federal Candidate Supported or Opposed by Expenditure: FRANK GUINTA			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01		
Calendar Year-To-Date Per Election for Office Sought 11235.03			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Full Name (Last, First, Middle Initial) of Payee			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
Mailing Address			Date / / 		
City			Amount 		
Purpose of Expenditure		Category/ Type 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Name of Federal Candidate Supported or Opposed by Expenditure:			Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			45.00		
(b) SUBTOTAL of Unitemized Independent Expenditures▶			 		
(c) TOTAL Independent Expenditures.....▶			2920.00		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Becky Bond</i>		[Electronically Filed]		Date 08 / 30 / 2012	